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## Short communication

The population is aging. Gratton (2016) writes that we will soon be living to 100. The nursing profession has a major role today in promoting, supporting and maintaining healthy habits and resilience in this aging group of women and men [1].

Aging involves changes in biological, psychological and social functioning over time. Fortunately these changes are only weakly related to chronological age. Women and men are living longer and healthier now.

Here are some things found to be associated with health of older women and men (Burke, 2015) [2].

First, having a part-time job after retirement, bridge employment, contributed to the health of retirees.

Second, more organizations today are interested in supporting the health of their employees. This generally involves offering them healthy work (e.g., more flexibility, more support, more control and fewer demands). An increasing number of organizations are also offering corporate wellness initiatives with a direct focus on health and well-being.

Third, particular lifestyle habits have long been shown to affect the health of women and men. Five harmful habits reducing the lives of Canadians were smoking, excessive alcohol consumption, poor diets, physical inactivity, and high levels of stress.

Fourth, older women and men who act, think and look younger than their chronological age are healthier and live longer. Aging self-perceptions are associated with living longer, exercising more, eating healthier foods and taking medicines as prescribed.

Fifth, adults reporting more happiness in their daily lives were healthier, this attributed to biological processes associated with positive mental states.

Sixth, older women and men getting adequate amounts

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of sleep having more contact with family and friends, being engaged and interested in the wider world, and moderate amounts of exercise were healthier.

Seventh, older women and men who had retired had a healthier and more productive retirement if what they were doing in retirement had meaning.

Eighth, Valliant (2003), using longitudinal data from a large US sample of women and men, found several factors associated with "graceful aging". These were limited use of alcohol, a satisfying marriage at age 50, enjoyment in their lives, having both old and new friends, acceptance of their lives and the realities of aging, being involved with helping younger people and their communities [3].

Ninth, both healthier women and healthier men are, not surprisingly, more satisfied with their retirements.

Tenth, increasing attention is now being paid to the value of individual resilience in adapting to aging and changes associated with aging. When applied to older women and men, resilience involves positive responses to issues in aging such as illness, disability, caring for other family members essentially responding to stressful events. Resilience then involves elements such as personal control, competences, and self-esteem. Dealing with various issues as one lives contributes to resilience in later life. Older women and men with more positive feelings in general and more positive perceptions of themselves will be better able to take on these various challenges.

These items are consistent with a strengths-based vision of aging rather than a pathology-based vision of aging. This fits with the nature of resilience in later life and how to maintain or increase it. Resilience is not a fixed personality trait, it can increase or decrease at different points in one's life depending on context.

Youssef-Morgan and Luthans (2015) indicate how psychological capital (PsyCap), consisting of hope, self-efficacy, resilience and optimism, first increases satisfaction in several areas (e.g., relationships, health), leading to higher levels of overall well-being. They have developed a training program that has been shown to not only increase psychological



capital, but levels of job satisfaction, work engagement and job performance. Using a measure of Health PsyCap, Luthans, Youssef-Morgan, Sweetman and Harris (201), in a longitudinal study of 523 working adults in the US (average age 43 with some participants over 70) over a few weeks. Reported that Health PsyCap was positively related to participant's health satisfaction and future health expectations and negatively related to Body Mass Index and levels of cholesterol [4,5].

What does all this have to do with the nursing profession? The aging women and men described in this manuscript are likely to have more contact now that they are older with the nursing profession. During this contact, nursing staff can exert increasing influence over the life choices of their patients. In addition, the nursing profession can be proactive in organizing educational sessions to seniors living in retirement-oriented locations to support resilience-building and healthy living options.

The healthcare system, already stretched for resources, will not be able to respond to the increasing needs of an aging population. The implications from the information cited above could reduce the burden on nursing personnel and space and financial resources.

## Footnotes

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